

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/16/03.

## I. DISPUTE

Whether reimbursement is recommended for CPT codes CPT codes 97545-WH and 97546-WH, Carrier denied services, as “T-Treatment Guidelines. V-Unnecessary Treatment (with Peer review). U-Without an explanation.”

## II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/02/02 (1 unit) 10/03/02 (1 unit) 10/04/02 (1 unit) 10/07/02 (1 unit) 10/08/02 (1 unit) 10/09/02 (1 unit)	97545-WH	\$102.40 \$102.40 \$102.40 \$102.40 \$102.40 \$102.40	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	V, T V, T V, T V, T V, T V, T	20 % OF \$64.00 = \$51.20 per hour non- CARF	MFG, MGR (II)(E), CPT descriptor 134.600	Requestor received preauthorization for the dates of service in dispute per preauth letter dated 10/01/02. A carrier may not retrospectively deny services as not medically necessary when preauthorization was obtained per rule 133.301(a). Requestor is non-CARF accredited for dates of service 10/02/02-10/09/02 and 20% reduction will apply per the MFG. Therefore, reimbursement is recommended for dates of service 10/02/02 to 10/09/02 in the amount of <b>\$307.20</b> . (\$51.20 x 6 units billed)
10/17/02 (1 unit) 10/18/02 (1 unit) 10/21/02 (1 unit) 10/22/02 (1 unit) 10/23/02 (1 unit) 10/24/02 (1 unit) 10/25/02 (1 unit) 10/28/02 (1 unit) 10/29/02 (1 unit)	97545-WH-AP	\$102.40 \$102.40 \$102.40 \$102.40 \$102.40 \$102.40 \$102.40 \$102.40 \$102.40	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	V, T V, T V, T V, T V, T V, T V, T V, T V, T	\$64.00 per hour CARF accredited		Requestor received preauthorization for the dates of service in dispute per preauth letter dated 10/01/02. A carrier may not retrospectively deny services as not medically necessary when preauthorization was obtained per rule 133.301(a). Requestor is CARF accredited for dates of service 10/17/02-10/29/02 and 20% reduction will not apply per the MFG. Therefore, reimbursement is recommended for dates of service 10/02/02 to 10/09/02 in the amount of <b>\$576.00</b> . (\$64.00 x 9 units billed)

10/02/02 (6 units)	97546-WH	\$307.20	\$0.00	V	20 % OF \$64.00 = \$51.20 per hour non- CARF	MFG, MGR (II)(E), CPT descriptor	Requestor received preauthorization for the dates of service in dispute per preauth letter dated 10/01/02. A carrier may not retrospectively deny services as not medically necessary when preauthorization was obtained per rule 133.301(a). Requestor is non-CARF accredited for dates of service 10/02/02-10/09/02 and 20% reduction will apply per the MFG. Therefore, reimbursement is recommended for dates of service 10/02/02 to 10/09/02 in the amount of <b>\$1,843.20</b> . (\$51.20 x 36 units billed)
10/03/02 (6 units)		\$307.20	\$0.00	V			
10/04/02 (6 units)		\$307.20	\$0.00	V			
10/07/02 (6 units)		\$307.20	\$0.00	V			
10/08/02 (6 units)		\$307.20	\$0.00	V			
10/09/02 (6 units)		\$307.20	\$0.00	V			
10/17/02 (6 units)	97546-WH-AP	\$384.00	\$0.00	V	\$64.00 per hour for CARF		Requestor received preauthorization for the dates of service in dispute per preauth letter dated 10/01/02. A carrier may not retrospectively deny services as not medically necessary when preauthorization was obtained per rule 133.301(a). Requestor is CARF accredited for dates of service 10/17/02-10/29/02 and 20% reduction will not apply per the MFG. Therefore, reimbursement is recommended for dates of service 10/02/02 to 10/09/02 in the amount of <b>\$3,264.00</b> . (\$64.00 x 51 units billed)
10/18/02 (6 units)		\$256.00	\$0.00	V			
10/21/02 (6 units)		\$384.00	\$0.00	V			
10/22/02 (6 units)		\$384.00	\$0.00	V			
10/23/02 (6 units)		\$384.00	\$0.00	V			
10/24/02 (6 units)		\$384.00	\$0.00	V			
10/25/02 (3 units)		\$192.00	\$0.00	V			
10/28/02 (6 units)		\$384.00	\$0.00	V			
10/29/02 (6 units)		\$384.00	\$0.00	V			
<b>Totals</b>		\$13,023.00	\$0.00				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$5,990.40</b> .

### III. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97545-WH and 97546-WH. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$5,990.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 27th day of April 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mb